

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Hug</i>		5-10-00
O.I.P.E. CLASSIFIER			8-10-00
FORMALITY REVIEW	<i>H.S.</i>	545 60105	9-13-00
RESPONSE FORMALITY REVIEW	X LL		3-5-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	8/23/03
✓	2/19/04
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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